

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

ENTERED

RECEIVED  
JAN 30 2017  
Bayfield Co. Zoning Dept.

Permit #:	17-0059
Date:	4-6-17
Amount Paid:	\$175.00-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:		
Tim White		54 Eagle's Nest Ln Washburn, WI		612-831-3040		Cell Phone:		
Address of Property:		City/State/Zip:		Cable WI 54821		Plumber Phone:		
44930 City Rd D		715-798-3633		Plumber:		Plumber Phone:		
Contractor:		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached		
Rick Gmel Landscaping		715-558-1698		12040 E Leonard School Rd Cable WI		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		PIN: (3 digits)		Recorded Document: (i.e. Property Ownership)		Pages: 2-35437		
Rick Gmel		04-034-2-43-00-11-205-003-3660		Volume 1122		Page(s) 2-35437		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Vol & Page		Block(s) No.		Subdivision:
1/4, 1/4		Gov't Lot 3		2		4330 V 3 P. 163		Lot Size
Section 11, Township 43 N, Range 012 W		Town of: NAMDACKA		Lot Size		Acreage		1.100
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		Distance Structure is from Shoreline: feet		<input checked="" type="checkbox"/> No		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 10,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)		
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)		
	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet		
	<input checked="" type="checkbox"/> Shoreland					

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

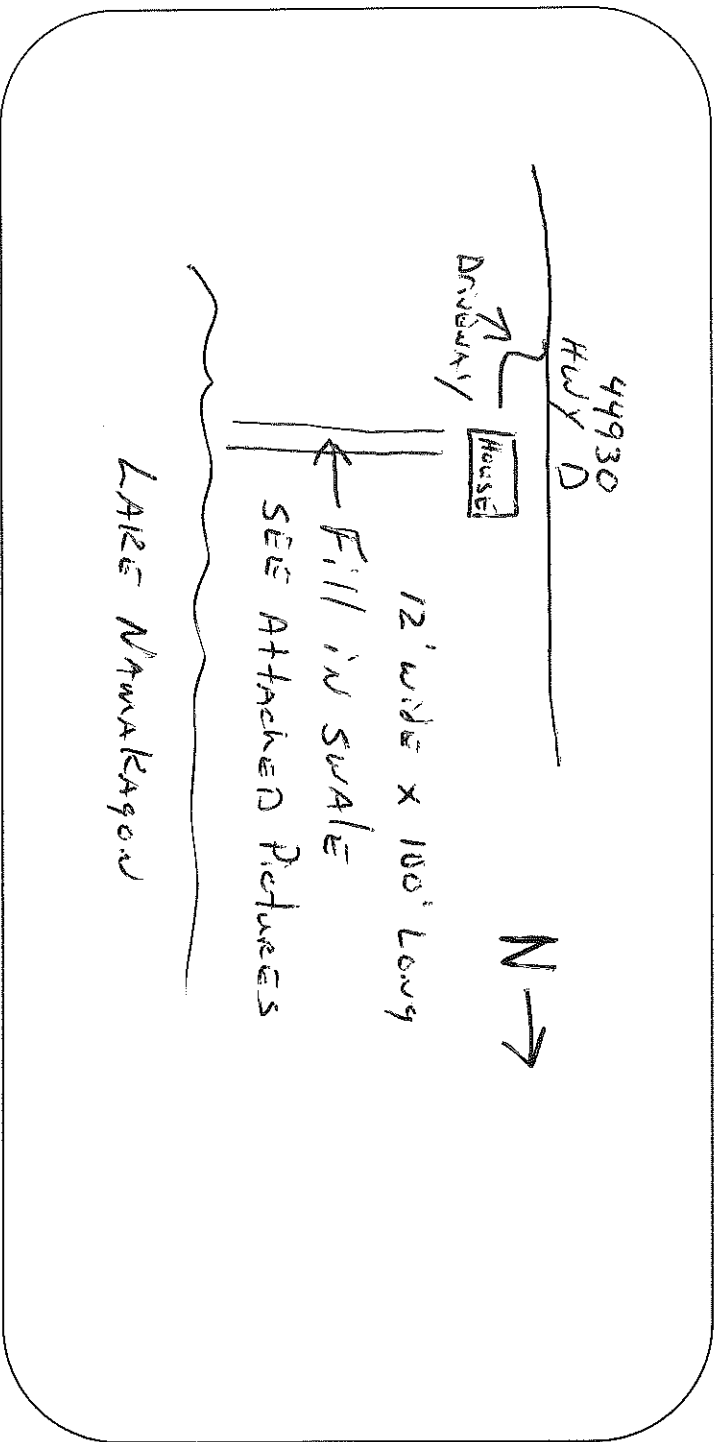
Proposed Use: <input checked="" type="checkbox"/> Residential Use	Proposed Structure	Dimensions	Square Footage
APR 06 2017	<input type="checkbox"/> Principal Structure (first structure on property)	( ) X ( )	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	
	<input type="checkbox"/> with Loft	( ) X ( )	
	<input type="checkbox"/> with a Porch	( ) X ( )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( ) X ( )	
	<input type="checkbox"/> with a Deck	( ) X ( )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( ) X ( )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	( ) X ( )	
	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X ( )	
	<input type="checkbox"/> Mobile Home (manufactured date)	( ) X ( )	
	<input type="checkbox"/> Addition/Alteration (specify)	( ) X ( )	
	<input type="checkbox"/> Accessory Building (specify)	( ) X ( )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( ) X ( )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain)	( ) X ( )	
	<input type="checkbox"/> Conditional Use: (explain)	( ) X ( )	
	<input checked="" type="checkbox"/> Other: (explain) Shoreland grading Permit	( ) X ( )	1800

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date: 1/27/17  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit: 12040 E. Leonard School Rd Cable WI 54821  
Attach Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	250 Feet	Setback from the Lake (ordinary high-water mark)	100 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	79 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	75 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	230 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 17-0059	Permit Date: 4-6-17					
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (fused/contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:	OK					
Date of inspection: 7-20-17	Inspected by: J. Kelly					
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
Must use best mngt practices to prohibit erosion & sedimentation entering the lake.						
Signature of inspector: Joel Kelly						Date of Approval: 9-5-17
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

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PO Box 58  
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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

630

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (Received)  
MAR 14 2017  
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	17-0064
Date:	4-6-17
Amount Paid:	\$1635
Refund:	\$108

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: David Budynek	Mailing Address: 26314 Timber Pass San Antonio TX 78260
Address of Property: White Boars Rd	City/State/Zip: Cable Ln 54821
Contractor: Bud Roback	Contractor Phone: 715-394-2479
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Plumber: 1405 WISCONSIN
	Agent Phone: 715-394-2479
	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: 1/4, 1/4	Tax ID# (4-5 digits): 36852
Legal Description: (Use Tax Statement)	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: R-
Gov't Lot: 3	Lot(s) No.:
Lot(s): 2	Block(s) No.:
CSM: 1844	Subdivision:
Vol & Page: 11834	Lot Size: 9.5 acres
Town of: Neshkagon	Acreage: 9.5 acres
Section 36, Township 43 N, Range 5 W	
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue <input checked="" type="checkbox"/> Distance Structure is from Shoreline: 80 feet
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: feet
If Yes--continue <input checked="" type="checkbox"/>	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material: \$ 210,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: Lift	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (pit) or Vented (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 48	Width: 30	Height: 16
Proposed Construction:	Length: 48	Width: 30	Height: 16

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		( 48 x 30 )	1440
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>		( 12 x 30 )	360
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	with Loft	( 12 x 30 )	360
	<input type="checkbox"/>	with a Porch	( 12 x 30 )	
	<input type="checkbox"/>	with (2nd) Deck	( 12 x 30 )	
	<input type="checkbox"/>	with a Deck	( 12 x 30 )	
	<input type="checkbox"/>	with (2nd) Deck	( 12 x 30 )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( 12 x 30 )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( 12 x 30 )	
	<input type="checkbox"/>	Addition/Alteration (specify)	( 12 x 30 )	
	<input type="checkbox"/>	Accessory Building (specify)	( 12 x 30 )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( 12 x 30 )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Special Use: (explain)	( 12 x 30 )	
	<input type="checkbox"/>	Conditional Use: (explain)	( 12 x 30 )	
	<input type="checkbox"/>	Other: (explain)	( 12 x 30 )	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: [Signature]  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: Bud Roback PO Box 1015 Chew Lake WI 54517

Attach  
Copy of Tax Statement  
if you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	700 Feet	Setback from the Lake (ordinary high-water mark)	80 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	35 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	90 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	80 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	25 Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

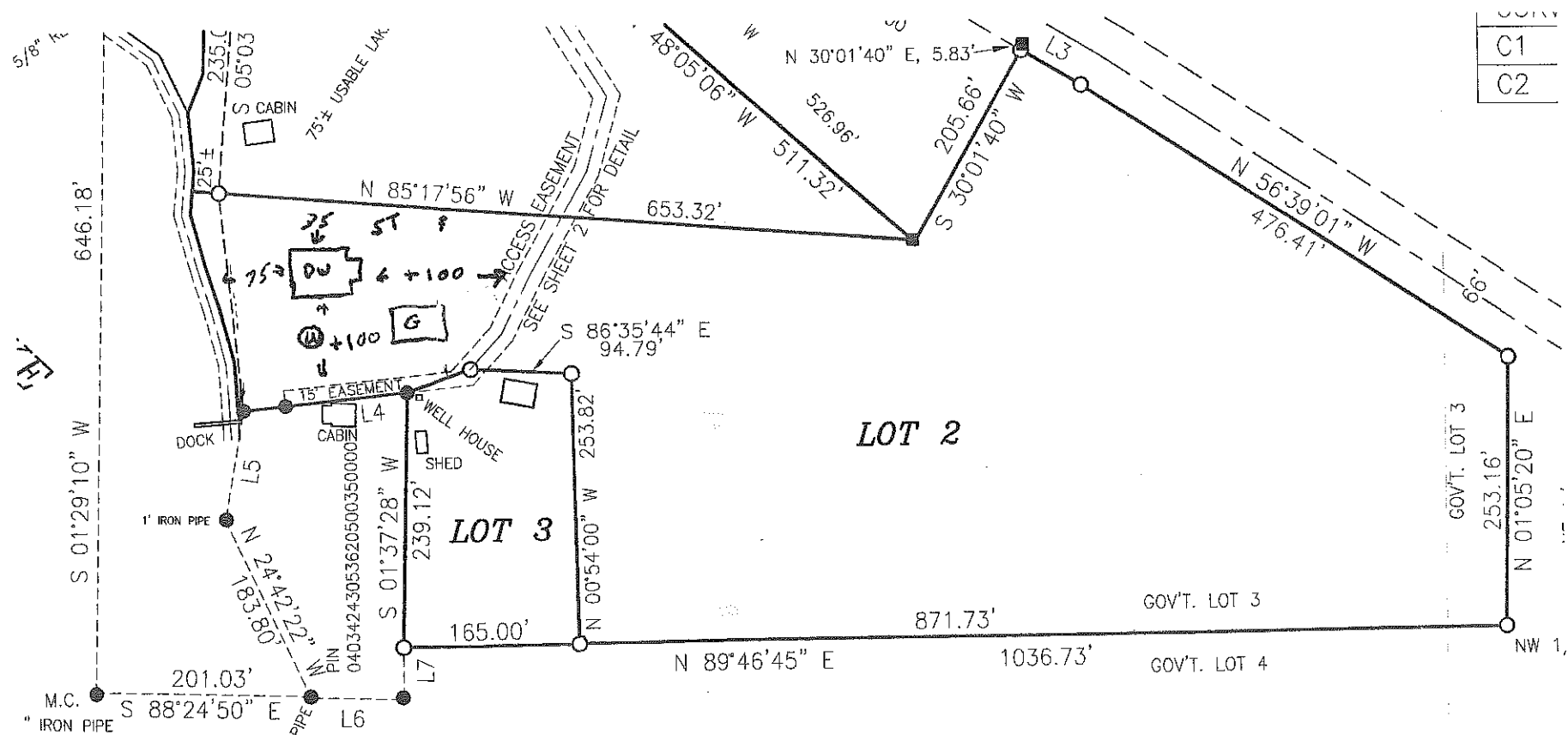
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 16-795	# of bedrooms:	Sanitary Date: 8-3-16		
Permit Denied (Date):		Reason for Denial:				
Permit #: 17-00004	Permit Date: 4-6-17					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Yes <input checked="" type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record: OK						
Date of Inspection: 4-6-17	Inspected by: [Signature]					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If No they need to be attached.)						
Must go w/c						
Signature of Inspector: [Signature]		Date of Approval: 4-6-17				
Hold For Sanitary: <input type="checkbox"/>	Hold For T&A: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		





SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DATE RECEIVED  
MAR 14 2017  
Bayfield Co. Zoning Dept.

Permit #: 1700065  
Date: 4-6-17  
Amount Paid: \$180  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: David Burkach  
Address of Property: White Bears Rd  
City/State/Zip: 26314 Timber Lake, South Dakota TX 26266  
Telephone: 810 722 4506  
Cell Phone:

Contractor: Bud Orbeck  
Authorized Agent: (Person Signing Application on behalf of Owner(s))  
Contractor Phone: 715 744 2479  
Plumber: 748-3355  
Agent Phone: 715 744 2479  
Agent Mailing Address (include City/State/Zip):  
Plumber Phone: 748-3355  
Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION: Legal Description: (Use Tax Statement)  
1/4, 1/4  
Gov't Lot  
Lot(s)  
CSM  
Vol & Page  
Lot(s) No.  
Block(s) No.  
Subdivision:  
Recorded Deed (i.e. # assigned by Register of Deeds)  
Document #: R-  
Section, Township, N, Range, W  
Town of:  
Lot Size  
Acreage

☐ Shoreland ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If yes--continue  
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage ☐ If yes--continue  
Distance Structure is from Shoreline: feet  
Distance Structure is from Shoreline: feet  
Is Property in Floodplain Zone? ☐ Yes ☐ No  
Are Wetlands Present? ☐ Yes ☐ No

Value at Time of Completion \* include donated time & material \$40,000

Project # of Stories and/or basement Use # of bedrooms What Type of Sewer/Sanitary System Is on the property? Water

☒ New Construction ☐ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City  
☐ Addition/Alteration ☐ 1-Story + Loft ☐ Year Round ☐ 2 ☒ (New) Sanitary Specify Type: ☒ Well  
☐ Conversion ☐ 2-Story ☐ 3 ☐ Sanitary (Exists) Specify Type: ☐  
☐ Relocate (existing bldg) ☐ Basement ☐ 3 ☐ Sanitary (Exists) Specify Type: ☐  
☐ Run a Business on Property ☐ No Basement ☒ None ☐ Privy (Pri) or Vaulted (min 200 gallon)  
☐ Foundation ☐ None ☐ Portable (w/service contract)  
☐ Compost Toilet ☐ None

Existing Structure: (if permit being applied for is relevant to it) Length: 40 Width: 60 Height: 18  
Proposed Construction: Length: 40 Width: 60 Height: 18

Proposed Use ☒ Residential Use ☐ Commercial Use ☐ Municipal Use

Proposed Structure Dimensions Square Footage

☐ Principal Structure (first structure on property) ( X )  
☐ Residence (i.e. cabin, hunting shack, etc.) ( X )  
☐ with Loft ( X )  
☐ with a Porch ( X )  
☐ with (2<sup>nd</sup>) Deck ( X )  
☐ with a Deck ( X )  
☐ with (2<sup>nd</sup>) Deck ( X )  
☐ with Attached Garage ( X )  
☐ Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities) ( X )  
☐ Mobile Home (manufactured date) ( X )  
☐ Addition/Alteration (specify) ( 40 X 60 )  
☐ Accessory Building (specify) ( X )  
☐ Accessory Building Addition/Alteration (specify) ( X )  
☐ Special Use: (explain) ( X )  
☐ Conditional Use: (explain) ( X )  
☐ Other: (explain) ( X )

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):  
(If there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date 3-7-17

Address to send permit: Bud Orbeck PO Box 58 Washburn WI 54891  
Copy of Tax Statement  
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE  
If you recently purchased the property send your Recorded Deed

box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	700 Feet	Setback from the Lake (ordinary high water mark)	150 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	70 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	20 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	100 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	600 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	100 Feet	Setback to Well	40 Feet
Setback to Drain Field	100 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>17-00065</u>		Permit Date: <u>4-6-17</u>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)		Case #:
Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:				
Date of Inspection: <u>4-6-17</u>	Inspected by: <u>[Signature]</u>	Zoning District	(R)	
Condition(s): Town, Committee or Board Conditions Attached? <u>Not for human habitation</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If No they need to be attached.)	Lakes Classification	(3)	
Date of Re-Inspection:				
Signature of Inspector:	<u>[Signature]</u>			Date of Approval: <u>4-6-17</u>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

(7)  
(E)  
(2)  
(1)  
box bel

C1
C2

